

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

P.O. BOX 446, RICHMOND, VIRGINIA 23218-0446

(804) 371-2002

FAMILY HOME PROVIDER LOAN APPLICATION

Amount of Loan:

\$ _____

Purpose: (Please describe, in detail, what you plan to use the loan proceeds for)

Please describe your collateral:

Please Tell Us About Yourself:

<u>First Name</u>	<u>Initial:</u>	<u>Last Name:</u>	<u>Date of Birth:</u>	<u>Social Security Number</u>
<u>Business Name (if applicable)</u>		<u>Address</u>	<u>City/State</u>	<u>Federal ID Number</u>
<u>Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip:</u> <u>How long?</u>
<u>Previous Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip:</u> <u>How long?</u>
<u>Home Phone:</u>	Rent <input type="checkbox"/> Own/Buying <input type="checkbox"/>	<u>Monthly Rent / Mortgage Payment:</u>	<u>Landlord / Mortgage Holder:</u>	<u>Yrs./Months There:</u>
<u>Name of Employer:</u>		<u>Position/Occupation:</u>	<u>Gross Annual Salary:</u>	<u>Yrs./Months There:</u>
<u>Employer's Street Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip:</u> <u>Business Phone:</u>
<u>Previous Employer:</u>		<u>Address:</u>	<u>City/State/Zip:</u>	<u>Position/Occupation:</u> <u>Yrs./Months There:</u>
<u>Nearest of Kin</u>	<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone</u> <u>Relationship</u>

Note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.

Source & Amount of Other Annual Income:

Please Tell Us About Your Co-Applicant/Guarantor:

<u>First Name</u>	<u>Initial:</u>	<u>Last Name:</u>	<u>Date of Birth:</u>	<u>Social Security Number</u>	<u>Relationship to Applicant</u>
<u>Street Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip:</u>	
<u>Previous Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip:</u>	
<u>Home Phone:</u>	Rent <input type="checkbox"/> Own/Buying <input type="checkbox"/>	<u>Monthly Rent/Mortgage Payment:</u>	<u>Landlord/Mortgage Holder:</u>	<u>Yrs./Months There:</u>	
<u>Name of Employer</u>		<u>Position/Occupation</u>	<u>Gross Annual Salary</u>	<u>Yrs./Months There:</u>	
<u>Employer's Street Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>Business Phone:</u>
<u>Previous Employer:</u>		<u>Address:</u>	<u>City/State/Zip:</u>	<u>Position/Occupation:</u>	<u>Yrs./Months There:</u>
<u>Nearest of Kin</u>	<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone</u>	<u>Relationship</u>

Note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.

Source & Amount of Other Annual Income:

Please Tell Us About Your Financial Obligations:

Creditor:	Indicate Applicant(s), Co-Applicant or Joint:	Current Outstanding Balance:	Monthly Payment and Term

Assets:

Real Estate: Description/location _____ Purchase Price _____ Market Value _____
Date acquired _____ % owned by you _____ %

Investments: Bank accounts \$ _____ Stocks \$ _____ Other \$ _____ (describe) _____

Automobiles Year _____ Make/model _____

Child Day Care spaces to be created as a result of this financing. _____

Have you ever declared bankruptcy? Yes ____ No ____

If yes, please explain the circumstances and date. _____

Do you currently owe federal, state taxes or local taxes? Yes ____ No ____

Explain _____

I/We authorize the Virginia Small Business Financing Authority (VSBFA) to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person, including but not limited to, all local, state, or federal governmental agencies, or consumer reporting agencies, to complete and furnish VSBFA any information that it may have or obtain in response to such credit inquiries, and agree that such information, along with this application, shall remain VSBFA's property whether or not credit is extended. I/We authorize VSBFA to furnish credit information, including insurance information, to persons who may lawfully receive and use such information. I/We certify that the information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.

Applicant's Signature:

Title (if applicable):

Date:

Co-Applicant's Signature

Title (if applicable):

Date:

Dear Day Care Provider:

Thank you for your interest in the Child Day Care Financing Program. Please review the following checklist to ensure that you are submitting a complete application. This will reduce the time required to process your request.

- ◆ Documentation to support your and your co-applicant's/guarantor's Gross Annual Salary (photocopies of complete federal income tax returns, including all schedules and attachments, W-2, year-end pay stub, contracts, Department of Social Services payment vouchers, etc.)
- ◆ \$15.00 nonrefundable application fee (to cover the cost of processing your request).
- ◆ Any documentation to support the "eligible use" of funds under the program guidelines.
- ◆ Provide evidence that you are (a) licensed by the Virginia Department of Social Services, (b) registered through the Voluntary Registration Program, (c) approved through a local Department of Social Services, (d) part of a Licensed Family Day Care System, or (e) participating in the USDA Food Program.
- ◆ Statement that you are in good standing from the Division of Licensing Programs of the Department of Social Services.

If you have any questions, please feel free to contact our office at (804) 371-2002.

Sincerely,

Faustine Dye

Manager, VSBFA Child Day Care Financing Program

The information requested below is voluntary and for statistical purposes only. It will not affect the credit decision of the VSBFA.

Gender:

- ☐ Male
- ☐ Female
- ☐ Male and Female

Race:

- ☐ Asian
- ☐ Black
- ☐ Hawaiian or Pacific Islander
- ☐ Native American
- ☐ White

Hispanic:

- ☐ Yes

For Office Use Only:

Application Status: _____

Comments/notes:

Date Completed: _____

Amount: \$ _____

Reviewed By: _____ Reviewed By: _____